

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	<u>Collingswood Public Schools</u>	County:	<u>Camden</u>
2	Employee Organization:	<u>CPSA</u>	Number of Employees in Unit:	<u>18</u>
3	Base Year Contract Term:	<u>7/1/13 - 6/30/16</u>	New Contract Term:	<u>7/1/16 - 6/30/19</u>

**SECTION II: Type of Contract Settlement (please check only one)**

- 4  Contract settled without neutral assistance  
 5  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  Contract settled with assistance of super-conciliator  
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ <u>2048768</u>
10	Longevity Costs in Base Year	\$ <u>3500</u>
11	Total Salary Base	\$ <u>2052268</u>

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>7/1/16</u>	<u>7/1/17</u>	<u>7/1/18</u>		
13 Cost of Salary Increments (\$)	<u>56907</u>	<u>58443</u>	<u>42168</u>		
14 Salary Increase Above Increments (\$)					
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>2107679</u>	<u>2164587</u>	<u>2223030</u>		
17 New Salary Base (\$)					
18 Percentage increase over prior year	<u>2.7 %</u>	<u>2.7 %</u>	<u>2.7 %</u>		

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

*\*If contract duration is longer than five years, please add an additional page.*

## **SECTION VI: Medical Costs**

		Base Year	Year 1
21	Health Plan Cost	\$ 314,244	\$ 309,540
22	Prescription Plan Cost	\$ 69,927	\$ 75,521
23	Dental Plan Cost	\$ 13,191	\$ 13,191
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 397,362	\$ 398,252
26	Employee Insurance Contributions	\$ 99,111	\$ 99,053
27	Employee Contributions as % of Total Insurance Cost	32%	32%

**Section VI: Medical Costs (continued)**

- 28 Identify any insurance changes that were included in this CNA.

Introduced co-pay -  
\$100 single / \$100 family in network deductible

**SECTION VII: Certification and Signature**

- 29 The undersigned certifies that the foregoing figures are true:

Print Name: Beth Ann Coleman

Position/Title: Business Adm

Signature: B. Coleman

Date: 8/30/16

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016